



Application Form

Nevada Certified Public Manager Program

Part 1: Personal Information (To be completed by applicant.)

Name Internal ID
Dept. Agency
Current Position Email
Telephone (W) Fax
Address

Part 2: Supervisory and Work Experience

☐ I currently hold a supervisory position. ☐ I previously held a supervisory position.

Work Experience

List all positions you have held within the last five (5) years, with a short description of duties and responsibilities.

Position/Organization	Duties	Dates Held

Other Public Sector Oriented Experiences (e.g., work in non-profits, participation in political or special interest groups, volunteer work, etc.)

Part 3: Education, Certifications, Skills, and Relevant Training

Institution	Degree	Year	Major

Certificates and Licenses

Type of Certificate/License	Date	Specialization

Computer Proficiency: Please indicate programs and rate your level of proficiency.

Type of Program	Name of Program	Proficiency (1-Low, 5-Hi)
Word Processing		
Spreadsheet		
Internet/Web		
Other (Please indicate)		

Relevant Training

Training Courses	Dates Attended

Part 4: Awards, Recognition, Hobbies, Interests

Part 5: Class Preference

Participant: Please note your preference, if any, regarding class start date.

<input type="checkbox"/> Class #2: Starts Aug. 1, 2005	<input type="checkbox"/> Class #3: Starts Feb. 13, 2006	<input type="checkbox"/> No preference
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Part 6: Signatures

NOTICE TO ORGANIZATIONS: The Certified Public Manager Program is designed for supervisory/managerial personnel; however, an organization may grant approval for a non-supervisory employee to attend if that employee has been identified as a potential supervisor or manager. Approval of the Certified Public Manager application indicates a willingness on the part of the organization to allow the employee to complete all requirements for the certification to include Levels I - III, reading, electives and project, and for the designation to include Levels IV - VI, required electives, projects, and the Executive Seminar. Application form requires the signature of the Applicant, Applicant's Supervisor, and the Agency/Division Director and/or the Appointing Authority.

Applicant

I certify that, to the best of my knowledge and belief, all of the information submitted in support of this application is true, correct and complete.

Signature _____ Date _____

Supervisor's Approval

I, _____ give my approval for _____ to participate in the NVCPM Program. In approving his/her participation, I am recognizing his/her management abilities and potential. I am also recognizing that his/her participation will require time away from work, and that the organization will encourage this professional development activity, within the constraints of organizational demands.

Signature _____ Date _____

Title _____

Supervisor Comments

Please use the space below to comment on the applicant's abilities, work record, professional potential and personal qualities. (Attach extra sheet if needed.)

Department Director's / Appointing Authority Approval

I, _____ give my approval for _____ to participate in the NVCPM Program. In approving his/her participation, I am recognizing his/her management abilities and potential. I am also recognizing that his/her participation will require time away from work, and that the organization will encourage this professional development activity, within the constraints of organizational demands.

Signature _____ Date _____

Title _____

Department Director Comments and Recommendation for Priority

Please use the space below to comment on the applicant's abilities, work record, professional potential and personal qualities. (Attach extra sheet if needed.)

Please note your recommendation for priority of this applicant in relation to other applicants from your agency: _____

Part 7: Funding of Participant Slot

Department Director: Please note if candidate is presented for a Program-funded or Department-funded slot

☐ Program-funded (NVCPM/DOP) ☐ Department-funded

Submit form to: Patricia Hoppe, NVCPM Program Administrator
DOP - Admin Services, Training
555 E. Washington Ave., Ste. #1500, Las Vegas, NV 89101-1046
Tel. (702) 486-2928, Fax (702) 486-2661